

SM

Props 94-97

**Slate Mailer
Late Payment Report**Type or print in ink.
Amounts may be rounded to whole dollars.

SLATE MAILER LATE PAYMENT REPORT

☐ Amendment No. _____
Report No. 2

Date Stamp RECEIVED AND FILED in the office of the Secretary of State of California JAN 30 2008 DEBRA BOWEN Secretary of State	CALIFORNIA FORM 498 For Official Use Only
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NAME OF SLATE MAILER ORGANIZATION

Your Ballot Guide

STREET ADDRESS

AREA CODE/PHONE NUMBER

OPTIONAL: FAX/E-MAIL

I.D. NUMBER

818-990-4002

588011

CITY

STATE

ZIP CODE

Sherman Oaks CA, 91403

Late Payment(s) Received From:

NAME Coalition To Protect Californian's Budget & Economy	I.D. NUMBER (if applicable) 1300585
ADDRESS CITY STATE ZIP CODE O, CA 95814	
OCCUPATION/EMPLOYER OR NAME OF BUSINESS IF SELF-EMPLOYED (if applicable)	

DATE RECEIVED: 01/29/2008	AMOUNT \$ 308,000.00
-------------------------------------	--------------------------------

NAME OF CANDIDATE OR BALLOT MEASURE:	<input checked="" type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
OFFICE SOUGHT AND JURISDICTION OF THE CANDIDATE/BALLOT MEASURE'S JURISDICTION	AMOUNT ATTRIBUTED \$ 308,000.00
NAME OF CANDIDATE OR BALLOT MEASURE:	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
OFFICE SOUGHT AND JURISDICTION OF THE CANDIDATE/BALLOT MEASURE'S JURISDICTION	AMOUNT ATTRIBUTED \$

NAME OF CANDIDATE OR BALLOT MEASURE:	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
OFFICE SOUGHT AND JURISDICTION OF THE CANDIDATE/BALLOT MEASURE'S JURISDICTION	AMOUNT ATTRIBUTED \$
NAME OF CANDIDATE OR BALLOT MEASURE:	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
OFFICE SOUGHT AND JURISDICTION OF THE CANDIDATE/BALLOT MEASURE'S JURISDICTION	AMOUNT ATTRIBUTED \$
NAME OF CANDIDATE OR BALLOT MEASURE:	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
OFFICE SOUGHT AND JURISDICTION OF THE CANDIDATE/BALLOT MEASURE'S JURISDICTION	AMOUNT ATTRIBUTED \$

MD

94-97

ELECTRONICALLY FILED

CA-1309004

Late Contribution Report

Type or print in ink.
Amounts may be rounded to whole dollars.

LATE CONTRIBUTION REPORT

NAME OF FILER Morongo Band of Mission Indians Native American Rights Fund		RECEIVED AND FILED Date Stamp in the office of the Secretary of State of the State of California 305 JAN 30 2008 LA DEBRA BOWEN Secretary of State Riverside	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER (951) 649-1251	ID. NUMBER (if applicable) 494203		
STREET ADDRESS			
CITY Barstow, CA	STATE CA		
Date of This Filing 01/30/2008		Report No. 3	No. of Pages 1

Late Contribution(s) Made

DATE MADE	FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)
01/30/2008	Coalition to Protect California's Budget & Economy, Yes on 94 - 97 (M1300585) Santa Monica, CA 90401	Indian Gaming Compact - Proposition 94, 95, 96 and 97 Statewide	7,500,000.00	02/05/2008

Reason for Amendment: _____

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

FPPC Form 497 (January/05)

352400 = SSD

JAN-30-2008 WED 10:01 AM J. RICHARD EICHMAN CPA

FAX NO. 9164421693

P. 01/01

SM

Prop 94-97

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of the State of California
JAN 30 2008
DEBRA BOWEN
Secretary of State

SLATE MAILER LATE PAYMENT REPORT
CALIFORNIA FORM 498
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R

☐ Amendment No. _____

Report No. 1

NAME OF SLATE MAILER ORGANIZATION

Democratic Voters Choice

STREET ADDRESS

AREA CODE/PHONE NUMBER

OPTIONAL: FAX/E-MAIL

ID NUMBER

626-915-7635

595002

CITY

STATE

ZIP CODE

Covina CA 91722

Late Payment(s) Received From:

NAME

ID NUMBER (if applicable)

Coalition to Protect California's Budget &
Economy Yes on 94 95 96 97 Sponsored by a
Group of Indian Gaming Tribes

1300585

ADDRESS

CITY

STATE ZIP CODE

555 Capitol Mall, Ste. 1425 Sacramento, CA 95833

OCCUPATION/EMPLOYER OR NAME OF BUSINESS (if applicable)

DATE RECEIVED:

01/29/2008

AMOUNT

\$

87,000.00

NAME OF CANDIDATE OR BALLOT MEASURE:

Referendum on Amendment to Indian Gaming
Pacts 94

☒ SUPPORT

☐ OPPOSE

OFFICE SOUGHT AND JURISDICTION OF THE CANDIDATE/BALLOT
MEASURE'S JURISDICTION

AMOUNT ATTRIBUTED

95 96 97 Statewide

\$

87,000.00

NAME OF CANDIDATE OR BALLOT MEASURE:

☐ SUPPORT

☐ OPPOSE

OFFICE SOUGHT AND JURISDICTION OF THE CANDIDATE/BALLOT
MEASURE'S JURISDICTION

AMOUNT ATTRIBUTED

\$

NAME OF CANDIDATE OR BALLOT MEASURE:

☐ SUPPORT

☐ OPPOSE

OFFICE SOUGHT AND JURISDICTION OF THE CANDIDATE/BALLOT
MEASURE'S JURISDICTION

AMOUNT ATTRIBUTED

\$

NAME OF CANDIDATE OR BALLOT MEASURE:

☐ SUPPORT

☐ OPPOSE

OFFICE SOUGHT AND JURISDICTION OF THE CANDIDATE/BALLOT
MEASURE'S JURISDICTION

AMOUNT ATTRIBUTED

\$

NAME OF CANDIDATE OR BALLOT MEASURE:

☐ SUPPORT

☐ OPPOSE

OFFICE SOUGHT AND JURISDICTION OF THE CANDIDATE/BALLOT
MEASURE'S JURISDICTION

AMOUNT ATTRIBUTED

\$

NAME OF CANDIDATE OR BALLOT MEASURE:

☐ SUPPORT

☐ OPPOSE

OFFICE SOUGHT AND JURISDICTION OF THE CANDIDATE/BALLOT
MEASURE'S JURISDICTION

AMOUNT ATTRIBUTED

\$